



# Massachusetts Baptist Charitable Society

## Grant Application for Retired Clergy and Widow or Widower Monthly Grant

—Confidential—

### Criteria for Grant Applicants

- Applicant income must be less than \$55,000 a year (not including value of home and car, and assets of less than \$100,000).
- Applicant, or their spouse or legal partner, must have had ABC Ordination or Ministerial Standing with TABCOM as an ordained clergy, have been in good standing with TABCOM, and have served in recognized ministry in Massachusetts for a minimum of 7 years.

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Date of spouse's death: \_\_\_\_\_

Date of Ordination: \_\_\_\_\_ Where ordained: \_\_\_\_\_

Date of Ministerial Standing with TABCOM?: \_\_\_\_\_

Spouses Ministerial Service in Massachusetts (dates and places of each field of service):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of applicant's retirement: \_\_\_\_\_

### CONTACT IN AN EMERGENCY

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Do you live alone?:  Yes  No If No, with whom do you live? \_\_\_\_\_

\_\_\_\_\_

(continued)

**MONTHLY EXPENSES**

Do you rent?: Yes No Own a Home? Yes No

Monthly rent/mortgage payment: \$ \_\_\_\_\_

What amount, if any, of the mortgage payment is toward property taxes: \$ \_\_\_\_\_

Utilities (average monthly cost):

Electric: \_\_\_\_\_ Water: \_\_\_\_\_ Gas \_\_\_\_\_ Heating Oil \_\_\_\_\_

Food: \_\_\_\_\_ Car Payments: \_\_\_\_\_ Car Insurance \_\_\_\_\_

Clothing: \_\_\_\_\_ Health Insurance \_\_\_\_\_

Cable TV \_\_\_\_\_ Internet Service: \_\_\_\_\_

Other Monthly Expenses (include Rx/toiletries/misc.. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH INFORMATION**

Do you receive Medicare: Part A:  Yes  No Part B:  Yes  No Part D:  Yes  No

Do you have SSI:  Yes  No Supplemental Insurance?  Yes  No Medicaid? Yes  No

Name of Insurer: \_\_\_\_\_

Specify current illnesses or disabilities, if any. (Attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach a separate sheet if necessary).

**MONTHLY INCOME include figures for yourself and your wife**

Family: \$ \_\_\_\_\_ MMBB: \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_

Medicaid \$ \_\_\_\_\_ Conference of Baptist Ministers in MA: \$ \_\_\_\_\_

Rental income: \$ \_\_\_\_\_ Employment income: \$ \_\_\_\_\_

If employed, where employed: \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

*(continued)*

**MONTHLY INCOME** *continued*

Interest income:

Other Annuities: \$ \_\_\_\_\_ Savings Accounts: \$ \_\_\_\_\_

Stock/Bond accounts: \$ \_\_\_\_\_ Trust Accounts: \$ \_\_\_\_\_

Total Monthly/Yearly interest income: \$ \_\_\_\_\_

Total monthly income: \$ \_\_\_\_\_

**ASSETS**

Value of home: \$ \_\_\_\_\_

Value of rental or secondary property: \$ \_\_\_\_\_

Savings accounts: \$ \_\_\_\_\_ Investments: \$ \_\_\_\_\_

Trust Accounts:  Yes  No \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_

Insurance Policies:  Yes  No Value: \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_

Do you own/lease a car:  Yes  No Make: \_\_\_\_\_ Year: \_\_\_\_\_

Is there any other information the Society needs to know in considering your application?

Yes  No If Yes, please specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATIONS**

The following verifications are needed to process your application:

- **Verification of gross income/money received from all sources.** (Copy of your yearly statement of income from MMBB, Social Security other retirement sources, employment, copy of Income Tax statements, etc.).
- **Verification of all resources values for the month of application and three (3) previous months.** Resources are cash, bank accounts, CDs, money market accounts, retirement accounts, stocks, bonds, burial resources, property—both real estate and/or personal property such as vehicles, boats, etc. All pages of the account statements must be provided.
- **Current verification of the Face, Cash and/or Dividend value of all life insurance policies.** Current verification must be obtained from the insurance company.
- **Deeds of Trust/Trust funds.** Copy of entire document establishing trust and listing of assets held in the trust and verification of disbursements to/from the trust accounts (s).

- **Annuities.** Copy of the entire annuity contract showing terms, purchased date, annuity amount, monthly payments and the beneficiary.
- **Verification of all transfer of assets within the past 60 months.**

**REFERENCES**

Please give the name, address and telephone number for three (3) references.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TAX RETURNS**

- Please include a copy of your most recent Federal Income Tax Returns with this application.

To the best of my ability, the above stated information is correct.

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DATE	SIGNATURE OF APPLICANT
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Return this application and accompanying materials  
to the Executive Director

**Massachusetts Baptist Charitable Society**  
**Attn: Rev. Jason R. Rutherford**  
**P. O. Box 546**  
**South Yarmouth, MA 02664**

If you have additional questions or need assistance with the forms,  
call Wendy at (781) 974-4398 or email to [massbaptistcharitable@gmail.com](mailto:massbaptistcharitable@gmail.com).